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ABSTRACT

This paper discusses differences between the Hmong culture and American culture and resulting implications for provision of special education services. The Hmong population in the Fresno County (California) area has consistently grown since 1977, reaching approximately 26,500 in 1990. The major reason that Hmong refugees settled in agricultural Fresno is that, both in China and later in Laos, agriculture was their mainstay. To insure survival, many of their legends and folklore focus on getting along and surviving within a majority group, while maintaining their independence and identity. The Hmong have cultural values and beliefs strongly rooted in ancestor worship, animism, and group reliance. Young Hmong children are held, carried, and allowed to develop in their own time. In contrast, American children are encouraged early in life to be independent and are expected to develop according to established developmental time tables. Additionally, religion and superstition play a big role in daily Hmong life. Traditional religious values are tied to the clan shaman and trained herbalists. The shaman's practice of medical and psychological diagnosis and treatments that leave marks on the skin can be misconstrued as child abuse. Because of language barriers and the Hmong belief that a child's current functioning is all that a child is capable of being, it is difficult to explain to parents the distinctions between a child's potential to perform and actual performance. This paper suggests that the coordination of a multidisciplinary assessment is critical to the eventual success of Hmong students with special needs. Additionally, the assessment and the individual education plan must consider critical cultural issues. Body marks from traditional healing practices are illustrated. (LP)

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The Hmong in Rural Areas: Critical Issues in Special Education

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In 1989, Fresno, often referred to as the multicultural *Salad Bowl*, was the home of 40,000 refugees from Southeast Asia. These refugees are primarily Cambodian, Hmong, Lao, or Vietnamese (K. Yang, 1989). In 1975 and 1977, Vietnamese were the only Southeast Asians in Fresno with the exception of one Cambodian family (Yang, 1989). The migration of the first Hmong family to Fresno was in 1977. A year later there were three families and the following year there were a total of five living in the Fresno area. In a short two year span, the population grew to 7,000 Hmong and in another year, the population almost doubled to 12,000 (K. Yang, 1985). By 1990, Fresno County reported approximately 26,500 Hmong and a total of 47,000 Southeast Asians (Vang, 1990).

The major reason for the preference of the Hmong settling in agricultural Fresno is that in China, agriculture had been their mainstay. Originally from China and later migrating to Laos where they stayed in high mountain areas, they adopted a migratory method of farming called *slash and burn*. After decades of this lifestyle, they became almost completely self-sufficient and interacted, for the most part, only with their own people. To insure survival, many of their legends and folklore focuses on getting along and surviving within a majority group, while maintaining independence and identity (Blaitout,1988). In America, this same attitude prevails.

Until the 1950's, the Hmong language was oral with no written symbols. Their written language was developed by missionary linguists who used the ordinary letters of the Roman alphabet. The Hmong language is a phonetic-based written language system that is less than fifty years old. Before then, their history had been passed down verbally from one generation to another through legends and folklore. Literacy is a relatively new concept to the Hmong (Blaitout, 1988).

During the 1960's, the war developed in Southeast Asia, the Hmong gradually became forced to relocate into refugee camps. This resulted in their learning to depend on others for their survival. In these camps, their basic needs of food, clothing, shelter, medical care, and education was provided by the United Nations and other social service agencies. This

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traditional Hmong and American society. Even though they have made positive strides, K. Yang (1989) has stated that these children often have no role models, no study skills, limited access to resources within the educational system, and have to play multiple roles of being children, sibling, interpreter, student, peer advisor, community liaison, and cultural brokers.

Although cultural generalizations are difficult to support, there are some Hmong cultural characteristics that relate to childrearing practices. Even though discipline in Hmong families is much the same as in American families. It will vary according to the individual family. American parents strive for their children to achieve and to have a better life than they had. Hmong parents expect their children to repay a debt to the parents for having been born by caring for them (Blaitout, 1988). Some Hmong parents do resort to corporal punishment just as some American parents resort to corporal punishment. Hmong parents have used switches that resulted in bruises to discipline. They were totally unaware of child abuse laws and the role of California Child Protective Services. It is important in either case for educators to provide parents with instruction in more positive behavior management techniques (Blaitout, 1988).

To aid the parents is discerning what the issues are in child abuse versus spiritual healing. a federally funded project called Indochinese Child Abuse Prevention Project of Fresno was recently funded. It coordinates with The Fresno Parenting Alternatives for At-Risk Families Project (PAARF) that is specifically designed for Indochinese families, whose second home is the United States. The PAARF program addresses issues of truancy, lying, running away, disregard of others, disobedience and problems that arise when children acculturate faster than their parents (PAARF, 1989).

Religious Values

Religion and superstition play a big role in daily Hmong life. Hmong have a religious belief that a child's spirit can be carried away through various ways. Some school and social activities, that could accomplish this, are a child encountering a big dog, touching a snake, looking at a green tomato worm, having an accident on the playground, or a near death experience (Blaitout, 1988).

The traditional religious values are tied to the clan Shaman and trained Herbalists. These individuals diagnose and prescribe treatments and herbal medications for physical and psychological problems, illness and diseases. The Hmong traditionally have three main healing arts: (1) spiritual healing, (2) herbal medicine, and (3) body manipulation. The method of healing is chosen according to the diagnosis or belief of the

cause of the illness. For example, illness that is caused by a supernatural being is treated by the spiritual healer or Shaman, which is always male. However, illness that is caused by natural phenomena is treated through herbal medicine and body manipulation. The body manipulation is still treated only by the Shaman, but the usage of herbal medicine can be treated by anyone who has learned the art, which is often women (Yang, K. 1989). It should be remembered that the Shaman is also considered as a psychologist and social worker within their clan and/or culture.

Yang and Moua (1987) and Yang (1989) cautions that the practice of coining or rubbing (Kav), scratching, pinching (Npaws), suctioning, and slapping (Zaws Npuaj) often leaves bruises and black and blue marks on the body. Figure 1 shows the effects of coining on the front and back part of the body. Figure 2 shows the effects of skin scratching while Figure 3 illustrates the areas targeted for slapping, which are usually on the upper arm. Pinching can be performed on many different parts of the body, but is usually on the periphery (see Figure 4). Suctioning for pain, as reflected in Figure 5, may be performed on the back and legs of the body in patterned circles to relieve pain in those areas. The head may also be suctioned as a method of eliminating headaches.

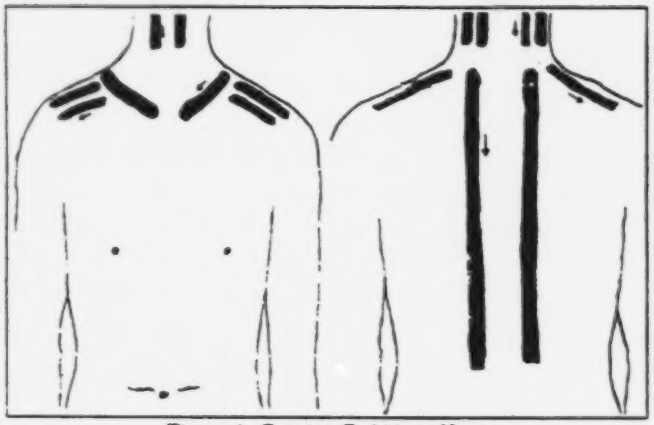

Figure 1: Coining/Rubbing (Kav)

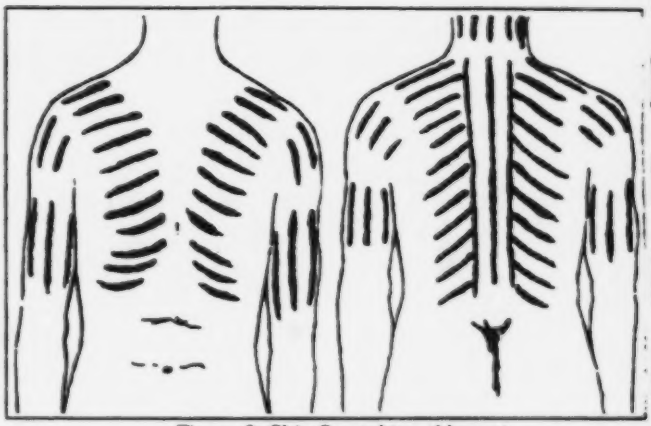

Figure 2: Skin Scratching (Npaws)

Note: Figures 1-5 illustrated by Henry D. Placenti,1993.

All of the spiritual healing techniques often leave marks that can last for as long as two weeks. The Shaman believes that the darker the mark or bruise, the more effective the healing practice and that the

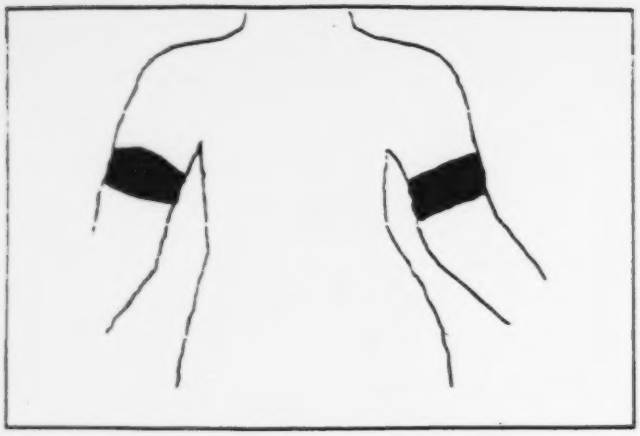

Figure 3: Slapping (Zaws Npuaj)

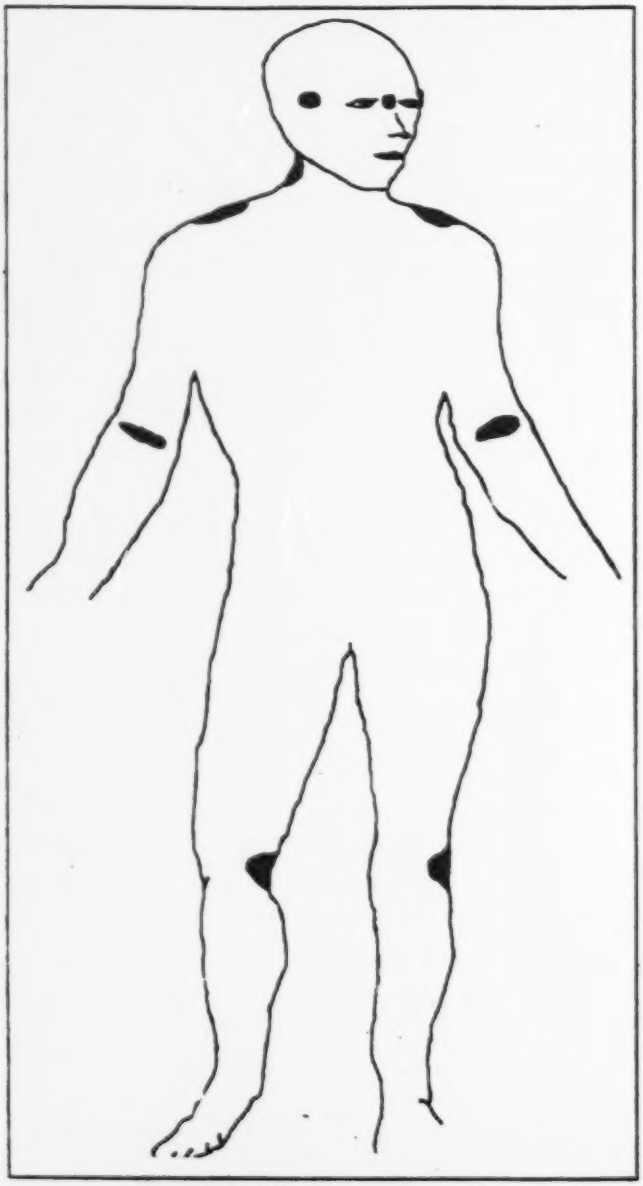

Figure 4: Pinching (Npaws)

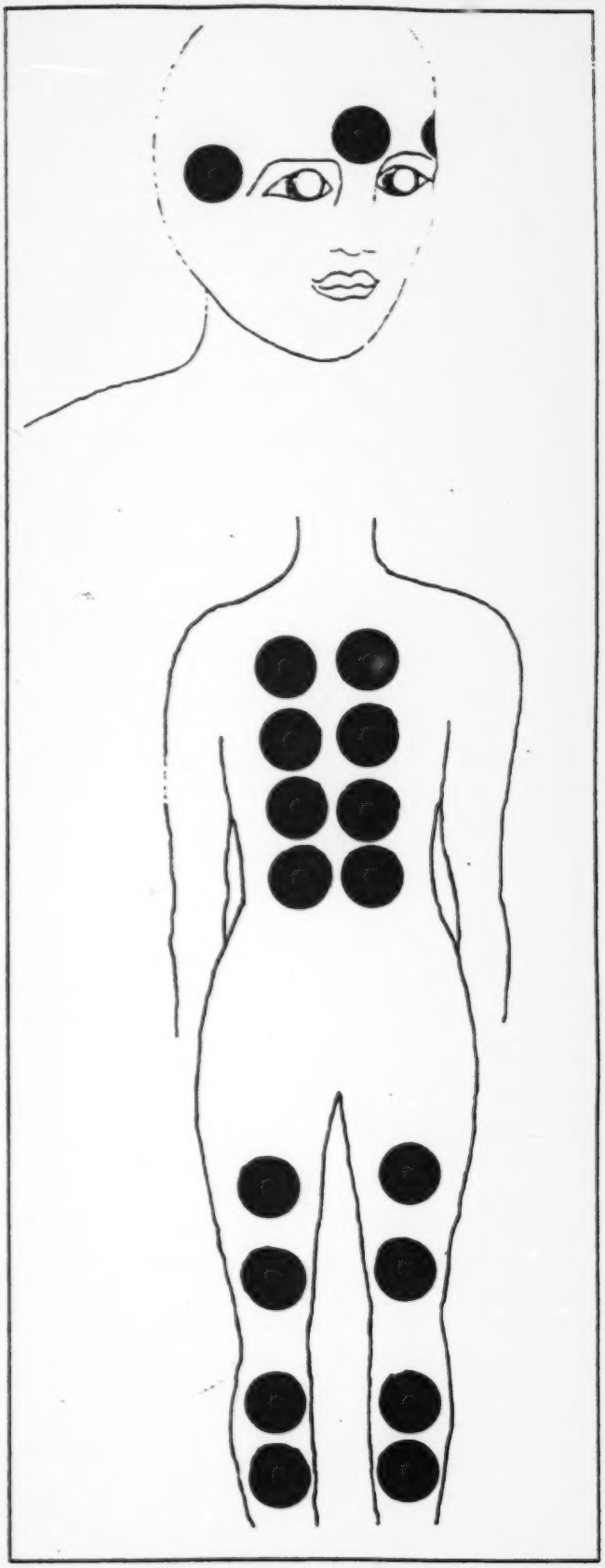

Figure 5: Suctioning for Pain

blackness of the bruise reflects the severity of the illness of the patient. The Shaman often will use these techniques to cure a child that he believes has a disease. Many children in special education classes have come to school with these bruises and the special education teacher has reported this, as required by law, to California Child Protective Services. Yang (1989) further cautions that school personnel should not be alarmed by these marks, for they are part of the healing process. By educators respecting these cultural differences, relationships between the Hmong community and the educational system can be greatly improved.

Areas of Conflict with Parental Attitudes toward Exceptionality

Special educators must be aware and sensitive to Hmong parental attitudes regarding children with special needs. The attitudes towards exceptionality may be greatly affected by their views on childhood development and religious practices. Their view that each child will develop in their own time (Blaitout, 1988) could be an obstacle to early identification and intervention. Hmong parents believe that a child's current functioning is all that the child is capable of being. They do not understand the concepts of child potential and performance. Their language does not provide for explaining distinctions between a child's potential to perform and actual performance. It is necessary for the special education teacher to explain the American concept that the current functioning of a child can be measured and improved through instruction. Even when using a translator, assurances must be provided when explaining this concept because it may not be fully understood for it cannot be translated into the Hmong language (Blaitout, 1988). The special education concepts of potential, intelligence, learning handicaps, giftedness, and under-achievement are difficult because they are abstract concepts that are not rooted in tradition. The Hmong deal in concrete terms, so time must be taken with parents to demonstrate other examples of successful children within the Hmong community.

Critical Issues In IEP Development and Process

The Hmong parents of school age children usually do not attend school activities because they either do not understand English or they come from a traditional culture in which personalized face-to-face contact is a way to communicate. School personnel should fully understand this concept and communicate in ways that are culturally familiar to Hmong parents. One of the major concepts the teacher should remember is Hmong parents do not respond to written or computerized forms of communication or invitations (Bliatout, 1984).

The coordination of a multidisciplinary assessment is critical to the eventual success of a Hmong student with special needs. The development of the assessment and eventually the IEP must consider critical cultural issues.

A major issue when evaluating special education assessment information is the age of the child. Hmong children born in the United States will usually have social security numbers and accurate birth certificates. However, Hmong children born in refugee camps will have an immigration document. The birth dates on these documents often are inaccurate. When in Laos, parents remembered a child's birth date as it coincided with events, such as a holiday or at harvest time. This tradition has not only caused difficulty for immigration officials, but has also caused problems for special education personnel. Exact birth dates could not provided or verified by families, so immigration officials would estimate birth dates. Naturally, this estimation has caused additional problems for special education when assessing the child because most assessment tools are based on age norms thus, the lack of an exact birth date would effect the test results (Blaitout, 1988).

In the area of health assessments, health screenings must address the fact that Hmong children, who have been born in the United States, may not have been exposed to proper medical attention. A child may be smaller than the expected norm due to poor nutrition and lack of medical attention. Childhood immunizations may not have been received and this may not be discovered until the child enters school (Blaitout, 1988).

Auditory screenings are of the utmost urgency as many children will have untreated ear infections that result in a hearing loss. Teachers should be on the alert for this, especially when a child is being screened for initial special education services (Blaitout, 1988).

When seeking parental consent for special education program placement consideration should be given to Hmong beliefs that children will develop in time and that a child will always be functioning at their current level. It would be advantageous for the special educator to replace the established approach of presenting the facts with utilizing the Hmong *grapevine*. The Hmong *grapevine* follows the Hmong tradition as a form of communication for spreading success stories. Within the Hmong community, the special education teacher could locate success stories of students with special needs and cite them as examples. A referral system might be developed to refer prospective student's parents to the parents of these successful students. Parents would be networked for purposes of discussing a child's placement and possibly forming a support group (Blaitout, 1988).

It is helpful for the special education teacher to remember the role of the Shaman in a Hmong child's life. The Shaman not only serves as the

created a dependency situation that has affected their motivation and the way they plan for the future (Yang, Koa 1989).

All of these background issues ultimately have had an effect on the interaction of Hmong families with our traditional educational system.

Cultural/Religious Values Areas of Conflict

Cultural Values

The Hmong have their cultural values and beliefs strongly rooted in ancestral worship, animism and group reliance (Yang, 1989). These values differ from American cultural values in many ways. A child reared in traditional Hmong values may experience conflict throughout their childhood. The gap between American culture and Hmong culture is especially apparent among girls. Gender is important to consider as girls raised in traditional Hmong values are not encouraged to be independent. They are not expected to be able to survive without having a husband. The roles of Hmong women are very different from current American women's roles (Blaitout, 1988).

Pitt (1988) stated that there are important cultural conflicts that are difficult to resolve. These conflicts are in a variety of areas. The Hmong practice of early marriage and bridal kidnap are in conflict with our American federal and state laws. Preventative medicine has been rarely practiced so there are many children that come to school without being vaccinated for diseases. Autopsies are incompatible with their religious beliefs, and in certain situations may be required by law. The Hmong have also functioned with their own judicial system and often do not understand American legal processes.

Child rearing practices of the Hmong culture differ from the predominant American society. Young Hmong children are held, carried, and allowed to develop in their own time. In contrast, American children are encouraged early in life to be independent and expected to develop according to established developmental time tables. Americans stress the importance of individuality, while the Hmong stress the importance of being like everyone else. Hmong children spend the major portion of their time interacting with other Hmong children and feel a status quo with other children. In contrast, American children spend a great deal of their time with adults and consequently think they should be treated as equals (Blaitout, 1988). As a result school behavior in Hmong children will usually be more compliant and non-challenging to adult authority figures than American children. This desire to keep all Hmong alike often results from attitudes of how to survive in a foreign society.

Southeast Asian children are often torn between the two cultures of

community's medical practitioner, but also as the family psychologist and social worker. When the school psychologist assesses the psychological functioning of the child, it should be remembered that the family is constantly consulting with their own psychologist, the Shaman.

When writing IEP objectives, learning strengths are always considered. Special Education teachers, when developing objectives for the Hmong child, should take into consideration methods that have resulted in successful learning in the Hmong population. Hmong language involves a great deal of patterning. They learn appropriate structure, vocabulary and *flower words* and then vary the text to give it a personal signature. Students with special needs must be taught in much the same manner. Memorization should pair auditory with tactile or visual channels. Patterned, rhyming, and rhythmic speech parallel traditional ways of learning information. Learning is best accomplished by active participation. The most productive teaching method would provide time to demonstrate, practice, correct errors, then try again (Blaitout, 1988). This teaching method merges well with established special education practices and would ensure the success of Hmong children with special needs.

Conclusion

In conclusion, there are three concepts to remember when working with traditional Hmong families and children. First, their lack of belief in performance and potential, along with the role of the healing arts and herbal medicine, is very important in Hmong culture. Second, their belief that their childrearing practices are very different from contemporary American society. Third, the Shaman's practice of medical and psychological diagnosis and treatment can be misconstrued as child abuse and in conflict with various state and federal child protective laws. It is only through understanding traditional Hmong practices that the special educator can provide the family and the child with opportunities for learning.

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